

<b>FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER</b>				<b>PATENT APPLICATION</b>		
Serial No. 08/920,608	Filing Date July 27, 1997	Examiner DRAPER	Attorney's Docket No: A-345B			
In Re Application of PELLEYMOUNTER, et al.			Group Art Unit 1646			
For OB PROTEIN COMPOSITIONS AND METHODS						
TO THE ASSISTANT COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <div style="margin-left: 20px;"> <input type="checkbox"/> One month of original due date (\$110.00)  <input type="checkbox"/> Two months of original due date (\$380.00)  <input checked="" type="checkbox"/> Three months of original due date (\$870.00)  <input type="checkbox"/> Four months of original due date (\$1,360.00)  <input type="checkbox"/> Five months of original due date (\$1,850.00)           </div>						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <div style="margin-left: 20px;"> <input type="checkbox"/> is filed herewith.  <input type="checkbox"/> has been filed.  <input checked="" type="checkbox"/> The response is the filing of a continuation application under 37 C.F.R. 1.53(b).           </div>						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
<b>CLAIMS AS AMENDED</b>						
(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	**	=	x \$18	=
Indep. Claims	*	Minus	***	=	x \$78	=
<input type="checkbox"/> First Appearance of a multiple dependent claim					+\$260	=
Total Additional Fee for this Amendment						
<p>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.</p> <p>**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.</p> <p>***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <div style="margin-left: 20px;"> <input type="checkbox"/> The following other fees are incurred by the accompanying papers.  <input type="checkbox"/> Other: _____           </div> <p>Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ <u>870.00</u>. A duplicate copy of this petition is attached.</p> <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.           </div>						
<u>Please Send Future Correspondence To:</u> US Patent Operations/JDE Dept. 430, M/S 27-4-A AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799				<div style="text-align: center;">              Karol M. Pessin              Attorney for Applicants              Registration No.: 34,899              Phone: (805) 447-2193              Date: August 2, 1999           </div>		

#### EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number: EL198797275US

Date of Deposit: August 2, 1999

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, DC 20231.

Freddie Craft  
Printed Name

Signature

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